

FOR AID VERIFIER USE ONLY

DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
D13 ATON 001 (10/03)

U.S. COAST GUARD AUXILIARY ACTIVITY REPORT - MISSION

Division ____ Flotilla ____

MISSION DATE
DDMMYY

SECTION I TYPE OF RESOURCE

☒ UNIT/INDIVIDUAL ONLY

SECTION II TIME & MISSION

RECORD START TIME (HH:MM)

:

REPORT TIME SPENT INSPECTING: ATONS (30)

:

PATONS (31)

:

BRIDGES (32)

:

INSPECTION BY:

☐ Day

☐ Night

SECTION III ACTIVITY LOG DETAILS

ATON Discrepancies

PATON Discrepancies

Bridge Discrepancies

ATONS Watching Properly

PATONS Watching Properly

Bridges Watching Properly

SECTION IV CREW ASSIGNMENTS

TRAVEL

Member ID

Last Name and Initials

Trainee

LEAD

Travel by:

☐ Boat

☐ Car

2

3

SECTION V AID LISTING

TYPE CODES:

D = DISCREPANCY

R = REPAIR/MAINTENANCE

V = VERIFICATION

METHOD OF REPORTING CODES:

E = E-MAIL

F = FAX

P = POSTAL MAIL

R = RADIO

T = TELEPHONE

AID NUMBER	OBSERVED DATE	REPORTED DATE	TYPE	METHOD	REMARKS

DATE SUBMITTED

Submitting Member Name (*print*)

Report Number